



12-30-05

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

6

Application Number	10/673.113
Filing Date	9/25/2003
First Named Inventor	JONAS A. NAVICKAS
Art Unit	3728
Examiner Name	MOHANDESI, JILA M.
Attorney Docket Number	NVCK-CHN1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1)CREDIT CARD PAYMENT 2)CORRECTED CLAIMS AS REPLACEMENT SHEETS 4-6. 3)COVER LETTER
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	JONAS A. NAVICKAS		
Signature			
Printed name	JONAS A. NAVICKAS		
Date	12/28/2005	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	JONAS A. NAVICKAS	Date	12/28/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	NAVICKAS, JONAS A.)	Attorney Reference:	NVCK CHN1
)		
Serial No.:	10/673,113)	Examiner:	MOHANDISA, JILA M
)		
Filing Date	9/25/2003)	Group Art Unit:	3728
)		
Title:	Chained Pouches System and Method)	Exp. Mail Date In:	Dec. 28. 2005
)		
)	Exp. Mail No.:	EQ040736306US

RESPONSE TO OFFICE COMMUNICATION

Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby responds to the Office Communication mailed November 29, 2005, regarding the above-referenced application (“Application”), and submit the following corrected claims and excess claims fees.

The Notice of Non-Compliant Amendment states the reason for non-compliance is “new claims aren’t underlined”. In fact, the new claims were underlined. The new claims are resubmitted clean per 37 CFR 1.121(c)(3).

This response is submitted within one (1) month of the mailing date of the Office Communication and a payment for the required excess claims fees in the amount of \$250.00, is enclosed.